

FILED
Apr 22, 2005 8:00 am
Secretary of State

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000021703	
1. Entity Name San & Son, Corp.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4714 1/2 N. Lois Ave		3. Mailing Address Suite, Apt. #, etc.	
City & State Tampa, FL		City & State	
Zip 33614	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

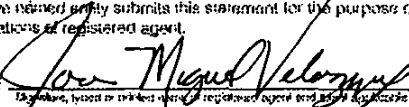
4. FBT Number 20-2711334		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Velasquez, Jose Miguel
Street Address (P.O. Box Number is Not Acceptable)
4714 1/2 N. Lois Ave
City Tampa **FL** **Zip Code** 33614

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 

(NOTE: Registered Agent signature required when retreating)

DATE

900054043649
05/09/05--01022--004 **\$40.00

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

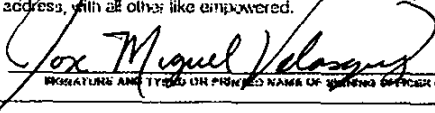
B. Election Campaign Financing
☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Velasquez, Jose Miguel 4714 1/2 N. Lois Ave Tampa, FL 33614	11. DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Exemptions

CR2E034B (12/02)

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 - 2005 or any other notice from the Division of Corporations in respect with the Corporation **SAN & SON, CORP.**

Thank you for your courtesy in this matter.


JOSE MIGUEL VELASQUEZ
PRESIDENT